PTO/SB/31 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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4 TRAUCH	NOTICE OF APPEAL FROM THE E	XAMINER TO THE	Docket Number (Optional)					
•	BOARD OF PATENT APPEALS AN	COTH-P01-507						
1		Application of						
	Das	a Lipovsek						
	Appl	cation Number	Filed					
÷		09/456693	December 9, 1999					
ı	For		OR ANTIBODY MIMICS AND OTHER					
		BINDING PROTEINS						
		•						
	Art U	Init	Examiner					
		1639	Teresa D. Wessendorf					
	Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.							
	The fee for this Notice of Appeal is (37 CFF	\$330.00						
	Applicant claims small entity status. S above is reduced by half, and the resu	fee shown \$165.00						
	A check in the amount of the fee is en	closed.						
	Payment by credit card. Form PTO-2	038 is attached.						
	The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.							
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 18-1945 . I have enclosed a duplicate copy of this sheet.							
	A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.							
		,,,						
	I am the		0 -0					
	applicant /inventor	· _	Mun Can'l					
	assignee of record of the entire int	Signature						
	See 37 CFR 3.71. Statement und is enclosed. (Form PTO/SB/96)	er 37 CFR 3.73(b)	Anita Varma John Quisel					
	is choosed. (Follow Forebrook	_	Typed or printed name					
	attorney or agent of record.							
	Registration number		(617) 951-7796					
	x attorney or agent acting under 37 CF	FR 1.34(a). 47,874	Telephone number					
	Registration number if acting under 37		March 23, 2004					
			Date					
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
	*Total of1 forms are sub	mitted.						
03/26/2004 HAHRED1	00000061 181945 09456693							
01 FC:2401	65.00 DA							
ſ								
	I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.							
	Dated: 3-23-04 Signature: Mayra A. Pallagher (Mayra A. Gallagher)							
	Sign	union. J. morrow Car i don	(wadia A. Gallagrici)					

Approved for use through 7/31/2006. OMB 0651-0032
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| Complete if Known | Complete in Complete | Compl

FEE TRANSMITTAL					Complete ii Known		
	Application Number			Numbe			
for FY 2004	Filing Date			December 9, 1999			
	First Named Inventor		Inven	ntor Dasa Lipovsek			
Effective 10/01/2003, Patent fees are subject to annual revision.		Examiner Name			Teresa D. Wessendorf		
X Applicant claims small entity status. See 37 CFR 1.27		Art Unit			1639		
TOTAL AMOUNT OF PAYMENT (\$) 165.00		Attorney Docket No. COTH-P01-507					
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					
Check Credit Money Other None	Check Credit Money Ciber None 3 ADDITIONAL FEES						
Card Order Soller Solle							
X Deposit Account:	1	Large Entity Small Entity					
Deposit Account 18-1945	Fee	Fee	Fee	Fee	-		
Number	Code	(\$)	Code	(\$)	Fee Description Fee Paid		
Deposit Account Ropes & Gray LLP	1051	130	2051	65	Surcharge – tate filing fee or oath		
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.		
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification		
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month		
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month		
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month		
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month		
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401		Notice of Appeal 165.00		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 0.00		110	2452	55	Petition to revive – unavoidable		
305101A2(1) (b) 0.00	1453	1,330	2453	665	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)		
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issue fee		
Total Claims -** = x = x	1503	640	2503	320	Plant issue fee		
Independent -** = x =	1460	130	1460	130	Petitions to the Commissioner		
Claims	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt		
Fee Fee Fee Fee Fee Description	8021	40	8021	40	Recording each patent assignment per		
Code (\$) Code (\$)				-	property (times number of properties) Filing a submission after final rejection		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	(37 CFR 1.129(a))		
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be examined (37CFR 1.129(b))		
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	Request for Continued Examination (RCE)		
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for expedited examination of a design application		
and over original patent	Other	Other fee (specify)					
SUBTOTAL (2) (5) 0.00 **or number previously paid, if greater; For Reissues, see above	*Red	uced by E	Basic Fi	ling Fee	e Paid SUBTOTAL (3) (\$) 165.00		
SUBMITTED BY (Complete (if applicable)) Name (Print/Type) Anita Varma John (Quick) Registration No. (Attorney/Agent) 43,221 47,874 Telephone (617) 951-7796							
Name (Print/Type) Anita Varma John Quise	Altom	ey/Agent)			Date March 23, 2004		
	\sim /				<u> </u>		

		e is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in	n
an envelop	e addressed to: Commission	oner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
0-4-4	2-23-04	Giordina Mauri a Mallamer (Mauri A Callaghar)	